

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

|                        |   |
|------------------------|---|
| Attorney Docket No.    | 021751-002150US   |
| First Inventor         | DiFrancesco, David  |
| Title                  | COMPONENT COLOR FLAT PANEL<br>DIGITAL FILM RECORDER AND<br>METHOD |
| Express Mail Label No. | EV 348062930 US   |

10/698954  
103103

| APPLICATION ELEMENTS  |  | ADDRESS TO  |          |  |  |  |  |  |  |         |  |  |  |  |  |  |      |  |       |  |  |  |  |         |  |           |  |  |  |  |
|---|--|---|----------|--|--|--|--|--|--|---------|--|--|--|--|--|--|------|--|-------|--|--|--|--|---------|--|-----------|--|--|--|--|
| See MPEP chapter 600 concerning design patent application contents.   |  | Mail Stop Patent Application<br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450  |          |  |  |  |  |  |  |         |  |  |  |  |  |  |      |  |       |  |  |  |  |         |  |           |  |  |  |  |
| 1. <input type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br><i>(Submit an original and a duplicate for fee processing)</i>  |  | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or<br>Computer Program (Appendix)  |          |  |  |  |  |  |  |         |  |  |  |  |  |  |      |  |       |  |  |  |  |         |  |           |  |  |  |  |
| 2. <input type="checkbox"/> Applicant claims small entity status.<br><i>See 37 CFR 1.27.</i>  |  | 8. Nucleotide and/or Amino Acid Sequence Submission<br><i>(if applicable, all necessary)</i>  |          |  |  |  |  |  |  |         |  |  |  |  |  |  |      |  |       |  |  |  |  |         |  |           |  |  |  |  |
| 3. <input checked="" type="checkbox"/> Specification <span style="float: right;">[Total Pages 36]</span><br><i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> <li>- Title Page</li> <li>- Descriptive title of the Invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul>          |  | a. <input type="checkbox"/> Computer Readable Form (CRF)<br>b. Specification Sequence Listing on: <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input type="checkbox"/> paper number of pages</li> </ul> c. <input type="checkbox"/> Statements verifying identity of above copies   |          |  |  |  |  |  |  |         |  |  |  |  |  |  |      |  |       |  |  |  |  |         |  |           |  |  |  |  |
| 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C.113) <span style="float: right;">[Total Sheets 17]</span>   |  | ACCOMPANYING APPLICATIONS PARTS   |          |  |  |  |  |  |  |         |  |  |  |  |  |  |      |  |       |  |  |  |  |         |  |           |  |  |  |  |
| 5. Oath or Declaration <span style="float: right;">[Total Pages ]</span> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d))<br/> <i>(for a continuation/divisional with Box 18 completed)</i> <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u><br/>           Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li> </ul> </li> </ul>  |  | 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))<br>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney<br><i>(when there is an assignee)</i>   |          |  |  |  |  |  |  |         |  |  |  |  |  |  |      |  |       |  |  |  |  |         |  |           |  |  |  |  |
| 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76  |  | 11. <input type="checkbox"/> English Translation Document (if applicable)<br>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations<br>13. <input type="checkbox"/> Preliminary Amendment<br>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br><i>(Should be specifically itemized)</i><br>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br><i>(if foreign priority is claimed)</i><br>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent<br>17. <input type="checkbox"/> Other: |          |  |  |  |  |  |  |         |  |  |  |  |  |  |      |  |       |  |  |  |  |         |  |           |  |  |  |  |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:<br><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> Continuation-in-part (CIP)    of prior application Nos: 10/392,399; 10/637,744; 10/638,135; and 60/493,539<br>Prior application information:    Examiner _____    Art Unit: _____  |  |   |          |  |  |  |  |  |  |         |  |  |  |  |  |  |      |  |       |  |  |  |  |         |  |           |  |  |  |  |
| For CONTINUATION OF DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.  |  |   |          |  |  |  |  |  |  |         |  |  |  |  |  |  |      |  |       |  |  |  |  |         |  |           |  |  |  |  |
| 19. CORRESPONDENCE ADDRESS  |  |   |          |  |  |  |  |  |  |         |  |  |  |  |  |  |      |  |       |  |  |  |  |         |  |           |  |  |  |  |
| <input checked="" type="checkbox"/> Customer Number   |  | 20350   |          |  |  |  |  |  |  |         |  |  |  |  |  |  |      |  |       |  |  |  |  |         |  |           |  |  |  |  |
|   |  | OR  |          |  |  |  |  |  |  |         |  |  |  |  |  |  |      |  |       |  |  |  |  |         |  |           |  |  |  |  |
|   |  | <input type="checkbox"/> Correspondence address below   |          |  |  |  |  |  |  |         |  |  |  |  |  |  |      |  |       |  |  |  |  |         |  |           |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width: 15%;">Name</td> <td colspan="3"></td> </tr> <tr> <td colspan="3"></td> </tr> <tr> <td rowspan="2" style="width: 15%;">Address</td> <td colspan="3"></td> </tr> <tr> <td colspan="3"></td> </tr> <tr> <td rowspan="2" style="width: 15%;">City</td> <td style="width: 30%;"></td> <td style="width: 15%;">State</td> <td style="width: 30%;"></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="2" style="width: 15%;">Country</td> <td style="width: 30%;"></td> <td style="width: 15%;">Telephone</td> <td style="width: 30%;"></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> |  |   | Name     |  |  |  |  |  |  | Address |  |  |  |  |  |  | City |  | State |  |  |  |  | Country |  | Telephone |  |  |  |  |
| Name  |  |   |          |  |  |  |  |  |  |         |  |  |  |  |  |  |      |  |       |  |  |  |  |         |  |           |  |  |  |  |
|   |  |   |          |  |  |  |  |  |  |         |  |  |  |  |  |  |      |  |       |  |  |  |  |         |  |           |  |  |  |  |
| Address   |  |   |          |  |  |  |  |  |  |         |  |  |  |  |  |  |      |  |       |  |  |  |  |         |  |           |  |  |  |  |
|   |  |   |          |  |  |  |  |  |  |         |  |  |  |  |  |  |      |  |       |  |  |  |  |         |  |           |  |  |  |  |
| City  |  | State   |          |  |  |  |  |  |  |         |  |  |  |  |  |  |      |  |       |  |  |  |  |         |  |           |  |  |  |  |
|   |  |   |          |  |  |  |  |  |  |         |  |  |  |  |  |  |      |  |       |  |  |  |  |         |  |           |  |  |  |  |
| Country   |  | Telephone   |          |  |  |  |  |  |  |         |  |  |  |  |  |  |      |  |       |  |  |  |  |         |  |           |  |  |  |  |
|   |  |   |          |  |  |  |  |  |  |         |  |  |  |  |  |  |      |  |       |  |  |  |  |         |  |           |  |  |  |  |
| Name (Print/Type)   |  | Stephen Y. Pang   |          |  |  |  |  |  |  |         |  |  |  |  |  |  |      |  |       |  |  |  |  |         |  |           |  |  |  |  |
| Signature   |  |    |          |  |  |  |  |  |  |         |  |  |  |  |  |  |      |  |       |  |  |  |  |         |  |           |  |  |  |  |
|   |  | Registration No. (Attorney/Agent)   | 38,575   |  |  |  |  |  |  |         |  |  |  |  |  |  |      |  |       |  |  |  |  |         |  |           |  |  |  |  |
|   |  | Date  | 10/31/03 |  |  |  |  |  |  |         |  |  |  |  |  |  |      |  |       |  |  |  |  |         |  |           |  |  |  |  |